

EXHIBIT A

[illegible]

FILING DATE		OCT 17 2017		CERTIFICATE OF DEATH		STATE OF MISSISSIPPI		1232017-071952	
DECEDENT'S LEGAL NAME (First, Middle, Last)				SEX		HOUR OF DEATH		DATE OF DEATH (Month, Day, Year)	
James Christopher Vaughn				M		10:39 p.m.		September 13, 2017	
4. RACE (Check one or more races to indicate what the decedent considered himself or herself to be)									
<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro									
<input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)									
5. AGE AT LAST BIRTHDAY									
ONLY IF UNDER 18		ONLY IF UNDER 18		DATE OF BIRTH (Month, Day, Year)		BIRTH PLACE (State or Foreign Country)			
37		10/15/1979		Mississippi					
6. PLACE OF DEATH (Check only one box)									
<input type="checkbox"/> DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL									
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input checked="" type="checkbox"/> Other (Specify): hotel									
7. FACILITY NAME (If not a facility, give street address, route number, or other location)									
3120 N 55th North Park Side Inn									
9. CITY, TOWN OR LOCATION OF DEATH									
Jackson									
10. ZIP CODE									
39211									
11. COUNTY OF DEATH									
Hinds									
12. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death.									
<input checked="" type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)									
<input type="checkbox"/> Master's degree (e.g., MA, MS, MEdg, MEd, MEdW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.B., D.D.) <input type="checkbox"/> Unknown									
13. MARITAL STATUS AT TIME OF DEATH									
<input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Unknown									
14. SURVIVING SPOUSE (If wife, give maiden name)									
1. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO									
15. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino									
<input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)									
16. SOCIAL SECURITY NUMBER									
587-35-2318									
17. USUAL OCCUPATION (Kind of work done most of working life)									
Tile									
18. KIND OF BUSINESS OR INDUSTRY									
Self									
19. RESIDENCE - STATE									
MS									
17b. COUNTY									
Hinds									
17c. CITY OR TOWN									
Jackson									
17d. ZIP CODE									
39204									
17e. STREET AND NUMBER OR RURAL LOCATION (Include apartment number)									
1789 Raymond Rd Apt 114									
17f. INSIDE CITY LIMITS (Yes or No) Yes									
20. FATHER'S NAME (First, Middle, Last)									
Raymond Leavell Vaughn Sr.									
21. MOTHER'S NAME PRIOR TO MARRIAGE (First, Middle, Last)									
Joyce Ann Roberson									
22. INFORMANT - NAME (Type or print)									
Brian Scott Vaughn									
23. RELATIONSHIP TO DECEDENT									
Brother									
24. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)									
103 Magee Ave Richard MS 39218									
25. DISPOSITION OF BODY (Specify: Burial, cremation, donation, etc.)									
26. CREMATOR/CREMATORY - NAME									
Greater Jackson Crematory									
27. LOCATION (City and State)									
Jackson MS									
28. FUNERAL DIRECTOR - NAME AND LICENSE NUMBER									
Dela B. Carter FO-1762									
29. FUNERAL HOME (Who first assumed custody of body)									
Sebrell Funeral Home 45C									
FE-9081									
30. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)									
P O Box 2714 Ridgeland MS 39158									
31. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)									
32. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print)									
Victor Beckley DMEI									
33. PRONOUNCED DEAD (Month, Day, Year)									
ON 09/14/2017									
34. PRONOUNCED DEAD (Time)									
AT 1:18 PM									
35. NAME OF CERTIFYING PHYSICIAN OR CORNER (Type or print)									
Victor Beckley									
36. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)									
P.O. Box 1452 Jackson, MS 39215									
37. To the best of my knowledge, death occurred due to the cause(s) and manner as stated.									
38. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated.									
39. SIGNATURE									
Dela Beckley									
40. DATE SIGNED (Month, Day, Year)									
10/02/2017									
41. STATE LICENSE NUMBER									
42. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)									
43. CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. Last only one cause on each line. DO NOT USE ABBREVIATIONS.									
IMMEDIATE CAUSE (final disease or condition resulting in death)									
Pending Toxicology									
44. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.									
45. CAUSE OF DEATH PART II - Enter the conditions contributing to death without resulting in the underlying cause given in PART I.									
46. DID TOBACCO USE CONTRIBUTE TO DEATH?									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown									
47. IF FEMALE, <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> Unknown if pregnant within the past year									
48. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)									
49. DATE OF INJURY (Month, Day, Year)									
50. TIME OF INJURY									
51. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED									
52. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)									
53. INJURY AT WORK (Yes or No)									
54. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)									
55. LOCATION Street and route number									
City or town									
State									

Form 511



MISSISSIPPI STATE BOARD
OF HEALTH

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATEMENT TO AMEND CAUSE OF DEATH

ATTACHED
DEC 27 2017

THE DEATH CERTIFICATE OF **James Christopher Vaughn**, WHO DIED ON 09-13-2017 IN THE COUNTY OF Hinds ORIGINALLY CONTAINED THE FOLLOWING INFORMATION IN THE CAUSE-OF-DEATH SECTION.

ORIGINAL
(Do not write in this section)

26 CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.		Interval between onset and death	
IMMEDIATE CAUSE (final disease or condition resulting in death)			
(a) <u>Pending Toxicology</u>			
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(b)			
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(c)			
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(d)			
27 PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		28a. AUTOPSY (Yes or No) No	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)
			29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
30 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	31. IF FEMALE: <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH		
Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Use onset of pregnancy within the past year:			
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
32f. INJURY AT WORK (Yes or No)	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	32h. LOCATION Street or route number	City or town State

THIS INFORMATION SHOULD NOW BE AMENDED TO READ AS FOLLOWS: FILL IN THIS ENTIRE SECTION AGAIN, EVEN IF ONLY ONE PART OF IT IS TO BE CHANGED OR AMENDED.

AMENDED SECTION

26 CAUSE OF DEATH PART I - Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or heart failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.		Interval between onset and death	
IMMEDIATE CAUSE (final disease or condition resulting in death)			
(a) <u>Acute Cardiorespiratory Failure</u>			
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(b) <u>Multi Substance Toxicity (Morphine, Heroin, Xanax)</u>			
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(c)			
DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			
(d)			
27 PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I		28a. AUTOPSY (Yes or No) NO	28b. AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? (Yes or No)
			29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) yes
30 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	31. IF FEMALE: <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREGNANT at the time of death <input type="checkbox"/> Not pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH		
Not pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year			
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <u>Accident</u>	32b. DATE OF INJURY (Month, Day, Year) <u>09/13/17</u>	32c. TIME OF INJURY <u>10:39p m.</u>	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED <u>Self Administered</u>
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
32f. INJURY AT WORK (Yes or No) No	32g. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.) <u>motel room</u>	32h. LOCATION Street or route number <u>3720 I-55 N</u>	City or town State <u>Jackson MS</u>

SIGNATURE AND TITLE Victor Beckley
Victor Beckley; Hinds County DMEI

DATE SIGNED 11/30/17

ALTERED AFTER DEATH CERTIFICATE

12/27/2017

12825193